

Idaho Board of Health and Welfare
Minutes
March 6, 2009

The Board of Health and Welfare convened at:

Pete T. Cenarrusa Bldg.
450 W. State Street
Boise, Idaho

Board Members Present

Richard Roberge, M.D., Chairman
Richard Armstrong, Secretary
Dan Fuchs
Quane Kenyon
Janet Penfold
Tom Stroschein
Stephen Weeg
Representative Sharon Block
Sara Stover

Staff Present

Drew Hall, Deputy Director, Family and Welfare Services
Richard Schultz, Deputy Director, Health Services
David Taylor, Deputy Director, Support Services
Elsie Boyd, Executive Assistant to the Director
Richard Humiston, Management Services Administrator
Jane Smith, Health Administrator
Dia Gainor, Emergency Medical Services Bureau Chief
Wayne Denny, Emergency Medical Services Staff
Beverly Barr, Rules Unit Staff
Landis Rossi, Regional Director, Region 4

Others Present

Tammy Perkins, Office of the Governor
R. David Reynolds, Moscow Fire Department

CALL TO ORDER

Following proper notice in accordance with Idaho Code Section 67-2343 and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Dr. Richard Roberge, Chairman of the Board, at 8:20 a.m. Friday, March 6, 2009, at the Pete T. Cenarrusa Bldg., 450 W. State Street, at Boise.

ROLL CALL

Richard Armstrong, Secretary, called the roll. Roll call showed nine members present. Absent and excused—Darrell Kerby and Senator Patti Anne Lodge. With six voting members present, Chairman Roberge declared a quorum.

PUBLIC COMMENT PERIOD

Chairman Roberge opened the floor for public comment. There being none, the Board advanced to the next order of business.

ADOPTION OF BOARD MINUTES FROM THE MEETING HELD NOVEMBER 20, 2008

Motion: Quane Kenyon moved for adoption of the minutes of the meeting held November 20, 2008.

Second: Dan Fuchs

Vote: Ayes: Fuchs, Kenyon, Penfold, Roberge, Stroschein, Weeg--6
Nays: None

Motion carried.

REPORT ON BOARD CONFIRMATION HEARINGS

Gubernatorial appointments to the Board of Health and Welfare for three members were heard March 5, 2008, before the Senate Health and Welfare Committee: Dan Fuchs to serve a term to expire January 1, 2013; Janet Penfold to serve a term to expire January 1, 2013; and Tom Stroschein to serve a term to expire January 7, 2013. Qualifications of the members were reviewed and discussed, and each was asked to make a commitment to attend all meetings, with exception to personal family emergencies. The reappointments were forwarded to the full Senate with a recommendation of confirmation.

DIVISION REPORTS

Support Services

- The Idaho Benefits Information System (IBIS) is scheduled to start a three-month implementation safety check (pilot) before it goes live in October 2009. The efforts by the project team have been focused on the continued configuration and modification of the Case Management System, in preparation for the second validation release. The Self-Reliance and IT Divisions are forming and establishing the initial structure and membership for teams focused on the IBIS implementation. The project team is completing the initial development of the core of the MMIS interface transaction and has generated a test file for MMIS. Once completed, IBIS will be the tool utilized to determine Medicaid eligibility. Additionally, the Department's IT Division continues to work toward the goal of assuring the Division has the necessary resources and training to support IBIS once the project goes live.
- The Base and the Electronic Document Management System Design phase for the Medicaid Management Information System (MMIS) has taken Unisys longer than initially projected. As a result, the overall schedule has been impacted. Unisys has submitted a revised timeline and a "Change Control Form" to extend the project implementation date by three months, to February 2010. This change in time has been accepted by the State. The Department's leadership and MMIS project manager met with the Unisys leadership team to discuss the project. It was agreed the Department would schedule regular meetings or conference calls between the two organizations when the project met certain Executive Milestones.

- On February 13th, the Department sent a letter to Affiliated Computer Services or ACS, the vendor responsible for implementing the Pharmacy Benefits Management System within the MMIS project. The letter informs ACS that it is not meeting performance expectations for the Idaho MMIS project pertaining to quality and timeliness. Department's leadership and MMIS Project manager met with the ACS leadership team to discuss the letter and the response from ACS. Several issues were discussed during the meeting, with the result that ACS is refining a proposal that they believe will address both parties concerns.
- The Modernization of Child Support (MOCS) project has started to pilot the next version of the eCaseFile application. Currently, Child Support Staff is being trained on how to use the application; at completion of training they will be able to scan, classify, and search for forms within the Electronic Case file software. The project budget was reduced in February by \$735,000 when the Joint Finance-Appropriations Committee requested the reversion of one-time funds. The funds would have been used to scan case files into electronic documents. However, with the Governor's approval, the Department hopes to restore these funds with money from the Stimulus package.
- On September 23, 2008, Governor Otter issued a directive to all state executive branch agencies with responsibilities delineated in the Idaho Emergency Operations Plan to complete and submit a continuity of operations plan (COOP) to the Director of the Idaho Bureau of Homeland Security by June 30, 2009. COOP is about planning how we will continue our essential functions if our facility, technology or staff is incapacitated. The plan needs to cover areas such as: Who will be in charge of making decisions if key decision makers aren't able to do so; and where would key staff members go to do their work if their workplace is no longer available? There needs to be a backup for every single office we do business from. One of the many challenges in creating the COOP plan is that it needs to have zero impact on the budget. All backup locations and communication functions will need to be cost-free alternatives.
- In a few weeks, Legislative Audit will release its Comprehensive Annual Financial Report (CAFR), which is its statewide financial report that covers all state agencies. A summary of the findings for the Department were reviewed.

Family and Welfare Services

- Child Welfare Services is providing its final draft of its Performance Improvement Plan (PIP) to federal partners. PIP strategies for improving outcomes include: 1) maintaining children safely in their own homes; 2) engaging families and relatives; 3) placement stability; 4) enhancing permanence for children; and 5) organizational improvement for practice changes.
- Child Welfare Services currently has 22 positions vacant, most of which are case-carrying, out of 395. A high vacancy rate will likely contribute to poor management of caseload growth, especially with regard to the number of children coming into care.
- In partnership with Medicaid, the Developmental Disability program is responding to requests for increased service hours for Developmental Disability Agencies (DDA) and Intensive Behavioral Intervention (IBI) services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program for children. To date, determinations have been made on 21 requests for expanded hours with 15 others in process. Currently, 615 children receive IBI services.

- The Idaho State School and Hospital has reduced its census to about 78. The Division of Family and Community Services is working closely with the Division of Medicaid to make key improvements to services to children as well as formulating plans for better options for services to adults in the private sector.
- No areas of noncompliance were identified in a recent federal review of the Infant and Toddler Program.
- The Infant and Toddler Program has begun work to establish fees to charge parents for therapeutic services to children whose families can afford to share in the cost of services. At this time, 54 percent of children in the program are covered by Medicaid. Another 23 percent are covered by private insurance, with the remainder of families having no payment source for costs of services. Rules will be forthcoming to establish this cost-share system.
- The Division of Welfare has seen a 30 percent increase in applicants for benefits. It is anticipated this trend will continue through 2009
- Application processing has improved to the highest performance since the implementation of EPICS. In Medicaid applications, Food Stamp applications, and expedited Food Stamp applications, the Department is exceeding federal standards and has done so consistently over the past nine months. Idaho is currently ranked as number one in Food Stamp timeliness amongst the 10 states in the Western Region for Food Stamps.
- Idaho has its highest accuracy rates in the Food Stamp program. The projected error rate of 3.07 percent should rank the program as one of the top ten states in the nation. The Food Stamp Negative error rate (closing or denying cases in error) has improved to a projected 1.37 percent, which rank the program in the top five states in the nation for improved accuracy in this category.
- Due to efforts to consolidate work into Processing Centers, Medicaid redeterminations remain strong in all Medicaid programs and particularly in the Family Medicaid programs, with 99.9 percent in December 2008 and 100 percent in January 2009 of all redeterminations being processed in the month they are due.
- The Child Support Program cost effectiveness ratio of collecting \$5.97 of support for every \$1 spent is the highest on record for the Department.

Health Services

- The number of individuals being served by the adult mental health program is dropping significantly; the Department has been striving to create uniformity as to how long a case remains open. Involuntary commitments from the courts to the Department remain static. The waiting time for a committed individual to move from community hospitalization to a state hospital has gone down. State Hospital North is currently recruiting for a psychiatrist; once the position is filled, the waiting time will further decrease.
- Adult Mental Health is seeking legislative approval to hire a psychiatrist for Regions 3 and 4, replacing psychiatric hours that are currently being delivered through a contract. By converting the contract hours to state staff, the regions will receive the same amount of psychiatric hours and realize an overall savings.
- Children's Mental Health is maintaining a flat caseload. The number of children being treated out of their homes is dramatically dropping, which creates cost savings. Additionally,

the Department has been working with the courts to level out the over-utilization of residential care.

- The number of adults utilizing treatment through the Substance Abuse Program is increasing, while the cost per individual remains flat. Outcome data is not available; however, the Department is in the process of implementing a system (WITS) to start tracking that information.
- The Governor's recommendation for the Division of Health budget eliminates the \$2.8 million of state funds used to purchase vaccines for children who have insurance coverage. It appears federal funds will be available to delay this reduction for one year through federal economic stimulus money.
- The Department is proposing the elimination of the statute providing services to adults with cystic fibrosis. The state currently provides up to \$18,000 a year per adult with cystic fibrosis to help cover their expenses, even for those who are insured. Co-pays and deductibles also are covered, and there is growing anecdotal evidence that people with cystic fibrosis are moving to Idaho to participate in the program. The budget has grown from under \$6,000 in 1999 to over \$200,000 today.

DIRECTOR'S REPORT

- Funding for health information technology is available through the American Recovery and Reinvestment Act of 2009. A goal of the President is for the nation to have electronic medical records by 2014. The Idaho Health Data Exchange is Idaho's statewide health information exchange project. It will connect 42 hospitals, reference laboratories, imaging centers, and at least 1,500 providers, enabling them to exchange clinical information to improve the quality and coordination of care in Idaho. Phase one of the project is underway, with work to establish connections to three hospitals and two reference laboratories in progress. Some Boise area providers are already using the Exchange e-prescribing functionality. Stimulus funding will be used to accelerate the connection of hospitals and health care providers to Idaho's Exchange. Ongoing funding for the effort will come from fees collected from participating hospitals, laboratories, imaging centers, payers, and health care providers.
- Legislation has been introduced directing the Department of Health and Welfare to develop a new program that will administer the Medically Indigent Healthcare Fund. Currently, all 44 Idaho counties administer individual programs and submit their billings to a state contractor for payment. Legislators want a statewide system, and chose the Department to administer because of employee expertise with complex funding systems and use of the data management systems for Medicaid and Self-Reliance.
- Community mental health grants were cut 50 percent by the Legislature. All current grants were rescinded by the Division of Behavioral Health. Once current expenses have been reimbursed, grantees will be invited to reapply for the remaining funds.

LEGISLATIVE APPROVAL OF RULES DOCKETS--UPDATE

The majority of rules presented to the 2009 Legislature were approved. Dockets 16-0309-0803 and 16-0310-0803, Medicaid Basic Plan Benefits, were approved by the House and tabled by the Senate Health and Welfare Committee. Rule changes proposed to better ensure

that mental health program resources are appropriately used and services are delivered by qualified providers were strongly objected to by providers in Committee hearings. The Senate Health and Welfare Committee made the decision not to move those dockets forward.

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (FEDERAL STIMULUS), HEALTH AND HUMAN SERVICES FUNDING

A considerable amount of funding is available through the American Recovery and Reinvestment Act of 2009 for health and human services agencies. Available funding was reviewed.

- Federal Medical Assistance Percentage (FMAP) – Division of Medicaid - Through an increase in the FMAP rate, the Department is projecting to be able to return \$52.3 million to the general fund for State Fiscal Year (SFY) 2009. The projection of return to the general fund for SFY 2010 is \$73.2 million.
- Child Support - Each year the state receives an incentive payment based upon our performance in the prior year and how it compares to national averages in certain areas, such as collections of current and past due child support. This amount was available to use for matching additional federal funds prior to the passage of the Deficit Reduction Act of 2006. The federal stimulus funding allows the Department to again use the incentive as match in the Child Support program for Federal Fiscal Year (FFY) 2009 and FFY 2010.
- Women, Infant and Children (WIC) Program - Funds are available to be utilized for WIC participation or food costs and WIC management information systems.
- Immunization Program - Idaho is losing general funding support of vaccines in Fiscal Year 2010. Idaho proposes to utilize this new funding to purchase vaccines for the population of children not eligible for Vaccine for Children (VFC) vaccine. Maintaining a status of supplying most vaccines to all children will allow the Immunization Program a year of working with health care providers, schools, parents, care givers, and insurers to assist with immunization access issues during the transition to VFC-only status.
- Food Stamp Benefits - The funding provides an increase of 13.6 percent in Food Stamp benefits for clients. These benefits are 100 percent federal funding.
- Food Stamp Administration - The Department proposes hiring additional state temporary staff to perform Food Stamp case reviews, thereby ensuring accuracy and timeliness requirements despite increased applications.
- Weatherization - Funding would be contracted to the Community Action Agencies to perform weatherization improvements on residences throughout Idaho.
- Community Services Block Grant - This would provide an increase in funds contracted to the Community Actions agencies to perform activities that assist low-income families in four priority areas, including increased access to housing, jobs, health care, and nutrition assistance.
- Child Care - These additional federal monies will be used to meet Child Care subsidy expenditures and caseload growth when the economy improves. Additionally, the Department has recommended using these funds as one-time FFY 2010 replacement for the normal TANF transfer, thus keeping more funds in the TANF grant for FFY 2010, which have no expiration date.

- Temporary Assistance for Needy Families (TANF) Extension of Supplemental Funds - This will provide for an increase in current TANF funding.
- TANF Emergency Caseload - The state can request these additional funds if they have a caseload increase in the cash subsidy program or increased costs related to subsidized employment. At this point, the state is not planning on applying for Caseload Emergency funds.
- TANF Caseload Reduction Credit - The federal government provides incentives to reduce TANF caseloads. Should the Department choose to request Emergency Funds due to an increase in cash subsidy caseload, then the federal credit for reducing caseloads will be re-set to not penalize the state for the increase.
- The Emergency Food Assistance Program (TEFAP) - The current interpretation of award is to allow the Federal Department of Agriculture to spend additional dollars on transporting/housing/storing emergency food stocks to Idaho residents. These funds would not pass through the Department of Health and Welfare.
- Medicaid – Disproportionate Share Hospital (DSH) Allotment Increase - The federal stimulus provides for an increase in DSH allotment for SFY 2010 and 2011.
- Infant Toddler Program - This funding would provide an increase for one-time services and activities. Examples of the Department proposal for use of this funding includes data system enhancement to improve services to children, and a training initiative to implement the Statewide Training Plan for Evidence Based Practices.
- Victims of Crime Act Assistance Formula Grant—Council on Domestic Violence and Victim Assistance - Increased funding would be allocated to victim assistance grants, and the remainder allocated to victim compensation and discretionary grants.
- Medicaid – Provider Health Information Technology Adoption and Operation Payments; Implementation Funding - This funding is available for purchasing and implementing certified Electronic Health Records systems.
- State Grants to Promote Health Information Technology - This would provide funding to the Idaho Data Exchange to connect 42 hospitals, reference laboratories, imaging centers, and at least 1,500 providers to its exchange, enabling them to share clinical information to improve the quality and coordination of care in Idaho.
- Behavioral Health Data Integration Infrastructure - Funding would be used for an integrated data repository, allowing for improving the efficiency and accuracy of all data collected within the outpatient and hospital systems, and to interface hospital data with mental health and substance use disorder data.
- Behavioral Health – Peer support training and peer-oriented independent living centers (in partnership with Vocational Rehabilitation) - Federal stimulus funding would provide vocational rehabilitation grants and state independent living funds. It would provide for peer-support training and peer-operated independent living centers.
- Crisis Intervention Team Training in partnership with Courts, Idaho Sheriffs, Idaho Police Chiefs, and Idaho Fire Chiefs - Expenditures will be for one-time costs of training for crisis intervention teams.
- State Hospital South – Food and Nutrition - It is anticipated State Hospital South will be able to replace food service line equipment used in administering the school lunch program.

- State Hospital North and State Hospital South Facility Projects - Funding may be available for a variety of facility projects.

MOSCOW FIRE DEPARTMENT 24/7 WAIVER REQUEST

A request was made on behalf of the Moscow Fire Department (MFD) for a four-month waiver to the requirement that Advanced Life Support ambulance services have a sufficient number of Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency per the Rules Governing Emergency Medical Services (EMS) (IDAPA 16.02.03.01).

MFD is an ambulance service that provides the primary emergency medical service for the City of Moscow. MFD has recently encountered staffing challenges that have, on occasion, left them unable to staff their ambulance with Paramedic personnel on a twenty-four (24) hour a day, seven (7) day a week (24/7) basis as required by IDAPA 16.02.03.01. MFD has an adequate number of Emergency Medical Technicians and Advanced Emergency Medical Technicians to provide 24/7 response, but they are currently unable to assure 24/7 availability of a Paramedic.

MFD has a plan that addresses the staffing shortfalls and will restore MFD's ability to assure 24/7 availability of Paramedic personnel. Specifically, MFD has four students enrolled in a Paramedic training course that is scheduled to finish in mid-March 2009. Following course completion, the students will have to undergo clinical rotations and certification examination. The students should be finished with their certification and licensure processes by the end of June 2009, at which time they will be available to MFD. Once the Paramedic candidates are affiliated and credentialed, MFD will have an adequate roster to assure 24/7 Paramedic coverage of their response area.

Motion: Quane Kenyon moved that the Idaho Board of Health and Welfare approve the request by Moscow Fire Department for a waiver of the requirement that Advanced Life Support (ALS) ambulance services have a sufficient number of paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency in accordance with IDAPA 16.02.03.01 until July 1, 2009.

Second: Janet Penfold

Vote: Ayes: Fuchs, Kenyon, Penfold, Roberge, Weeg --5
Nays: None
Abstention: Stroschein

Motion carried.

CHILDREN OF INCARCERATED PARENTS PRESENTATION

Children of offenders are five times more likely than their peers to end up in prison; one in ten will be incarcerated before reaching adulthood. The number of women incarcerated has increased threefold in the last ten years. Seventy-five percent of women in prison are mothers,

typically of two or three children. Children are ten times more apt to commit a violent crime if there are six or more of the following risk factors: poverty; lack of family structure; lack of health care; lack of timely and quality mental health services; low birth weight; abuse/neglect; foster care placement; poor school quality/low achievement; juvenile justice system involvement; children of color.

In Idaho a survey of incarcerated parents showed 50 percent of the women were employed at the time of their arrest, making an average \$8.81 per hour; 77 percent were living with their children at the time of arrest; 88 percent plan to live with their children upon release; and the average age at the time of the birth of the first child was 20 years. Possession of a controlled substance accounted for over 36 percent of the criminal offenses of incarcerated mothers.

Of men surveyed, 48 percent were employed at the time of their arrest, making an average of \$11.57 per hour; 64 percent were living with their children at the time of arrest; 96 percent plan to live with their children upon release; and the average age at the time of the birth of the first child was 22 years. Possession of a controlled substance accounted for over 19 percent of the criminal offenses of incarcerated fathers.

Results of the survey showed the top three risk factors facing children of the incarcerated parents surveyed included poverty, family structure, and children of color. Substance abuse continues to be a major contributor to our prison population. Almost two-thirds of mothers reported using alcohol or drugs while pregnant.

The Department is working to develop a subcommittee sponsored by the Criminal Justice Commission. The subcommittee will work to develop and prioritize strategies to address risk factors and to support children and families. It is also working to develop tele-visitation between children and their incarcerated parents.

ADJOURNMENT

The next meeting of the Board of Health and Welfare is scheduled to be held May 21 and 22, 2009. There being no further business to come before the Board, Chairman Roberge adjourned the meeting at 2:50 p.m.